

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549636

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1										51			
2										52			
3										53			
4										54			
5										55			
6										56			
7										57			
8										58			
9										59			
10		2								60			
11		①								61			
12	1		1							62			
13										63			
14										64			
15										65			
16										66			
17		1								67			
18										68			
19		7								69			
20		7								70			
21										71			
22										72			
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42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.	2		2										
TOTAL DEP.	31	↔	18	↔									
TOTAL CLAIMS	33		20										

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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										100			
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS	33		20										